

We are so excited for the upcoming Fall 2024-2025 dance season at Steppin'Out Dance Academy!

We wanted to share some important information regarding changes to the online enrollment process due to updates to the studio software.

SHINING STARS

If you are a Shining Stars Dancer please reach out to Ms. Kim or Ms. Lois and they can help you enroll in your class. They are also available through the Shining Stars Facebook group page, FB messenger or via email at steppinoutdance@comcast.net or steppinoutdanceacademy@yahoo.com. We can also be reached by calling the studio at 603-642-7711.

If you are new to the Shining Stars and would like information about our adaptive dance program please email us at steppinoutdanceacademy@yahoo.com

CURRENT STUDENTS

For our current students you will notice that one of the changes to our software is that you will be required to pay both your registration fee and first month's tuition when enrolling. Please email us at steppinoutdance@comcast.net if you do run into a problem.

For all of our company students, registration for company classes will close as of Sept 1st so please be sure to register for your fall classes by August 31st.

UNLIMITED PLANS

If you think you may qualify for the student or family unlimited plan you have 2 options when registering. You may fill out a registration form and hand it in at the front desk or email it to steppinoutdance@comcast.net . We will be able to calculate the costs of all your classes to ensure that you are receiving all the discounts and most cost effective pricing for your monthly tuition.

STEPPIN'OUT 2024-2025 FALL REGISTRATION FORM

Parent 1 First Name: _____ Last Name: _____

Phone 1: _____ Phone 2: _____

Mailing Address: _____

Email Address: _____ (for studio info & newsletters)

Parent 2 First Name: _____ Last Name: _____

Student #1 First Name: _____ Last Name: _____

Birthdate: _____ Age: _____

Student #2 First Name: _____ Last Name: _____

Birthdate: _____ Age: _____

(ADDITIONAL STUDENTS PLEASE USE BACK OF REGISTRATION FORM)

PLEASE LIST CLASS/CLASSES STUDENT/STUDENTS WILL TAKE

Student #	Class Name	Day & Time	Instructor
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Medical Conditions or Allergies: _____

Registration Fee Enclosed: \$ _____ September Tuition Enclosed: \$ _____

I am responsible for payment of fees for all services rendered. I agree to allow Steppin' Out Dance Academy to automatically charge my credit card if any balances or fees become past due on my account. I understand that I will receive a \$10 charge if my card on file is declined a second time.

In consideration of the benefits derived from Steppin' Out Dance Academy Corp., I (we) do hereby agree to hold harmless the Steppin' Out Dance Academy Corp., its agents or employees from any and all claims for personal injuries to myself, my (our) son(s)/daughter(s) while participating in said dance, acrobatic, aerial, fitness, or any other activities on the premises.

I understand that photos and videos may be taken throughout the year and these images may be published or used for advertising and promotional purposes by the Steppin' Out Dance Academy Corp. and its agents. I relinquish my right to protest any such use or compensation of any type.

CREDIT CARD TO KEEP ON FILE: _____ (required) EXP. DATE: _____

*I elect to have my monthly tuition fees automatically charged to the card on file: Yes: _____ No: _____

Parent or Legal Guardian Signature: _____ Date: _____

Please Print Name: _____

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